

COMMITTEE FOR SPECIALIST INTERNATIONAL MEDICAL GRADUATE EDUCATION (CSIMGE)

SUBSTANTIAL COMPARABILITY PATHWAY

FORMATIVE CASE BASED DISCUSSION



FORMATIVE CASE BASED DISCUSSION

Please use the form in conjunction with the Substantial Comparability Handbook for Workplace Based Assessments.

This form is to be used for the Formative Case based Discussion (CbD).

The Substantial Comparability candidate and Supervisor are required to sign this form once the Formative CbD has been conducted. It is preferred that the form is typed, however a neat handwritten submission will also be acceptable. Once completed, the form should be forwarded to SCARP via comparability@ranzcp.org.

The first summative CbD assessment cannot be conducted until the Formative CbD has been completed and approved by SCARP.

MARKING INSTRUCTIONS TO SUPERVISOR:

Please request the candidate provides three case summaries and select one for discussion in the Formative CbD. Provide feedback to the candidate in each of the domains of the CbD, including areas for improvement on performance.

On completion, all pages of this form must be returned to:

Specialist International Medical Graduate Education

EMAIL: comparability@ranzcp.org

FAX: 03 9642 5652 or

POST: 309 La Trobe St Melbourne VIC 3000

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CANDIDATE

Name	
Address	
Phone	Wk A/H Mob
Email	

PLACEMENT

Date of Commencement	
Health Service	
Address	
Supervisor Name	
Supervisor Phone	Wk A/H Mob
Supervisor Email	

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CASE

Case Type	File based assessment		
Patient Profile	Age:	Gender:	Functional level:
	Socio-cultural factors:		
Problem Profile	Diagnostic grouping:		
Clinical Profile	Presentation (please tick): Acute <input type="checkbox"/> Chronic <input type="checkbox"/>		
(tick the predominant category)	Assessment	<input type="checkbox"/>	
	Treatment change	<input type="checkbox"/>	
	Discharge planning	<input type="checkbox"/>	

1. Clinical Assessment

Applied knowledge and skills in the assessment of this person with this psychiatric disorder including an understanding of the links between psychiatric disorder and gender, age, personality, cultural factors; and the influence of the health, social, family systems upon the individual.

Ability to: comprehensively assess this person specific to this psychiatric disorder in this particular context and setting, including investigations, physical and mental state examination; use in a sophisticated way the multidisciplinary team and community / hospital resources; apply core principles of risk assessment; apply relevant contemporary research, psychiatric knowledge to this patient's condition; understand the specific interfaces with relevant civil and criminal legislation.

Comment:

2. Management Plan: Treatment

Applied knowledge and skills in the management of this person with this psychiatric disorder including an understanding of the links between this psychiatric disorder and the person's gender, age, personality, cultural factors; and of the influence of the health, social, family systems upon the individual.

Ability to: competently manage this person with this psychiatric disorder in this particular context and setting; to apply core principles of risk management including an understanding of the therapeutic use of pharmacological, physical, and legislative containment; apply relevant contemporary research, psychiatric knowledge and treatment guidelines to this patient's care; understand the specific interfaces with relevant civil and criminal legislation; understand and apply the principles of prevention, health promotion and early intervention to reduce the adverse effects of the mental illness.

Comment:

3. Management Plan: Collaboration

Effective participation in multidisciplinary teams, as both member and leader, involved in the management of people with psychiatric disorders and consequent issues.

Ability to: collaborate effectively with other professionals and agencies involved; work respectfully with the patient, their family and carers; understand the health service systems and the role of the psychiatrist within mental health, general health, social and legal systems; prioritize the allocation of resources efficiently and appropriately; understand the systemic aspects of risk, including the roles of incident reporting and of investigations into major incidents; understand clinical governance.

Comment:

4. Communication

Oral and written communications including prescriptions are clear, timely and responsive.

Ability to: communicate effectively, flexibly, and adaptively with the patient and carers, multidisciplinary team, general practitioner, colleagues and other health professionals, legal professionals and agencies; formulate and express expert opinion; identify and deal constructively with any conflict with the patient, carers, colleagues or other professionals, including a capacity to use supervision effectively to assist with this process; use interpersonal skills adaptively and flexibly to improve patient outcomes in inpatient and community contexts; educate the patient, the family, health care professionals and the wider community about the particular mental health issues.

Comment:

Comments on quality of case summaries:

5. Professionalism

Applied ethical knowledge and behaviour relevant to this particular patient and their illness and their family, social and health system context.

Ability to: show good practices around confidentiality and boundaries; show reflective practice; use feedback constructively including an ability to take a proactive stance to supervision and mentoring; show respect for others; use advocacy from an informed and evidence-based approach; constructively deal with biased and destructive attitudes, social exclusion, disadvantage, discrimination and stigma; cooperate and comply with regulatory professional bodies.

Comment:

Supervisor:

Overall Comments on the Formative CbD, strengths and Areas for further development:

Candidate:

Comments on the Formative CBD:

Checklist

Please tick boxes to verify that each step in the Formative Case based Discussion process has been conducted.

I verify that I was given at least **5 minutes and no more than 10 minutes** to speak to the selected case, focusing on updating the case.

I verify that the Assessor led a discussion of the selected case for approximately **30 minutes and no longer than 40 minutes**.

I verify that following the Formative CbD the supervisor provided feedback on my performance including constructive feedback.

CONFIRMATION OF COMPLETION OF FORMATIVE CBD

Date of Formative CbD	
Candidate's signature	
Supervisor's signature	

Substantial Comparability Supervisor Reports are held and used in accordance with the College's Privacy Policy Statement: <http://www.ranzcp.org/Library/About-us/RANZCP-Privacy-statement.aspx>

References to specific competencies may be obtained by emailing: comparability@ranzcp.org